FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated Average burden

hours per form 16.00

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY | | | | | | | | | |
|---------------|--------|--|--|--|--|--|--|--|--|
| Prefix | Serial | | | | | | | | |
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| DATE RECEIVED | | | | | | | | | |
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|----------------------------------------------------------------------------------------------|-----------------------|------------------------|-------------------|----------------------------|-------------------------------|--|--|--|--|--|
| Name of Offering: NORTH RUN OFFSHORE PARTNERS, LTD Offering of Share Interests | | | | | | | | | | |
| Filing Under (Check box(es) that apply): | ☐ Rule 504 | ☐ Rule 505 | ⊠ Rule 506 | ☐ Section 4(6) | ☐ ULOE | | | | | |
| Type of Filing: | ☐ New Filing | ★ Amendment | ····· | | | | | | | |
| | A. B | ASIC IDENTIFICA | TION DATA | | <u> </u> | | | | | |
| Enter the information requested about the issuer | | | | | | | | | | |
| Name of Issuer (check if this is an am | endment and name ha | as changed, and indica | ate change.) | | | | | | | |
| NORTH RUN OFFSHORE PARTNERS, LT | D. | | | | | | | | | |
| Address of Executive Offices | (Number | and Street, City, Stat | e, Zip Code) | Telephone Number | 07087915 | | | | | |
| c/o Walkers SPV Limited, P.O. Box 908GT, W | alker House, George | Town, Grand Cayma | n, Cayman | (617) 310-6130 | 0.00.0.0 | | | | | |
| Islands, British West Indies | | | | | | | | | | |
| Address of Principal Business Operations | (Number | and Street, City, Stat | e, Zip Code) | Telephone Number (In | cluding Area Code) | | | | | |
| c/o North Run Capital, LP, One International F | lace, Suite 2401, Bos | ton, Massachusetts 0 | 2110 | PRUC | | | | | | |
| Brief Description of Business: To operate a | s a Cayman Islan | ds exempted com | pany. | 1 1100 | -00 <u>cp</u> | | | | | |
| Type of Business Organization | | | | JAN O | 7 2008 | | | | | |
| ☐ corporation | ☐ limited partner | ship, already formed | X | other (please specify): Ca | yman Islands exempted company | | | | | |
| ☐ business trust | ☐ limited partner | ship, to be formed | | FINAN | SUN CIAI | | | | | |
| | | Month | Yea | | | | | | | |
| Actual or Estimated Date of Incorporation or C | reanization: | 1 1 | | 2 🗷 Actual | ☐ Estimated | | | | | |
| | | <u> </u> | لنا ل | - El Actual | _ Estimated | | | | | |
| Jurisdiction of Incorporation: (Enter two-letter U.S. Postal Service Abbreviation for State: | | | | | | | | | | |
| CN for Canac | | | | | | | | | | |
| | | | | F | N | | | | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities inthose states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and muste completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the

| filing of a federal notice. | |
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| | | A. BASIC IDENTIFIC | CATION DATA | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------|-----------------------------------------|-----------------------|-------|------------------------------------|--|--|--|--|--|
| 2. Enter the information requ | uested for the follow | ing: | | | | | | | | | |
| Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; | | | | | | | | | | | |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnershipissuers; and | | | | | | | | | | | |
| | - | | eral and managing partners | of partnershipissuers | ; and | | | | | | |
| Each general and managir | | | <u> </u> | | _ | | | | | | |
| | | Beneficial Owner | | Director | | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if individ | | | | | | | | | | | |
| NORTH RUN CAPITAL, LP (the | _ | | | | | | | | | | |
| Business or Residence Address (Nu | imber and Street, Cit | y, State, Zip Code) | | | | | | | | | |
| One International Place, Suite 2401, | Boston, Massachuse | tts 02110 | | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ■ General Partner of | ☐ Director | | General and/or | | | | | |
| | | | Investment Mar | nager | | Managing Partner | | | | | |
| Full Name (Last name first, if individ | lual) | | | | | | | | | | |
| NORTH RUN ADVISORS, LLC | (the General Partner | of the Investment Manager | | | | | | | | | |
| Business or Residence Address (Nu | ımber and Street, Cit | y, State, Zip Code) | | | | | | | | | |
| One International Place, Suite 2401, | Boston, Massachuse | tts 02110 | | | | | | | | | |
| | | Beneficial Owner | ☑ Principal and Member | Director | | General and/or | | | | | |
| , , , , , , , , , , , , , , , , , , , | | | of North Run Adv | | | Managing Partner | | | | | |
| Full Name (Last name first, if individ | tual) | | | | | | | | | | |
| HAMMER, TODD B. | | | | | | | | | | | |
| Business or Residence Address (Nu | mber and Street. Cit | v. State, Zip Code) | | | | | | | | | |
| | | • | 00110 | | | | | | | | |
| c/o North Run Capital, LP, One Inter | | | | (V) D: | _ | | | | | | |
| Check Box(es) that Apply: | Promoter L2 | Beneficial Owner | Principal and Member of North Run Ad | | | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if individ | dual) | | Of North Rule 710 | *13013, DEC | | Widning I willer | | | | | |
| | , | | | | | | | | | | |
| ELLIS, THOMAS B. | 1 10 . 00 | 0. 7. 0.1) | | | | | | | | | |
| Business or Residence Address (Nu | | • | | | | | | | | | |
| c/o North Run Capital, LP, One Inter- | national Place, Suite | 2401, Boston, Massachusetts | 02110 | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Executive Officer | ☐ Director | | General and/or Managing Partner | | | | | |
| Full Name (Last name first, if individ | Jual) | | | | | ivianaging i artiici | | | | | |
| | , | | | | | | | | | | |
| Dusings of Bosidense Address Alu | | Ch-4- 73- O-4-) | | ···· | | | | | | | |
| Business or Residence Address (Nu | inder and Street, Cit | y, State, Zip Code) | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | <u></u> | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Executive Officer | ☐ Director | | General and/or | | | | | |
| | | | | | | Managing Partner | | | | | |
| Full Name (Last name first, if individ | lual) | <u></u> | | | | | | | | | |
| | | | | | | | | | | | |
| Business or Residence Address (Nu | mber and Street Cit | v. State. Zip Code) | | | | | | | | | |
| (114) | 2 | ,,, —.p • • • • • • • • • • • • • • • • • • • | | | | | | | | | |
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| - | | | | | В. І | NFORM | ATION A | BOUT O | FFERING | | | | | |
|----------|-----------------|---------------------------|------------------------------|------------------------------|--------------------------------|------------------------|-----------------------------------------|---------------|--------------|---------------|--------------|--------------|---------------------------|--------------|
| | | | | | | | | | | | | | Yes | No |
| 1. | Has the issue | r sold, or de | oes the issu | er intend to | | | | | _ | | | | | X |
| | | | | | | | | | iling under | | | | | |
| 2. | What is the n | iinimum in | vestment th | at will be a | ccepted fro | m any indi | vidual? | ••••• | | ************* | | | \$ <u>1,000,</u> 9 Yes | 000 * No |
| *(A | Iny lesser an | nount is a | at the sole | e discretie | on of the | Investme | nt Manas | er.) | | | | | res | No |
| 3. | Does the offe | | | | | | _ | • | | | | | X | |
| ع. 4. | Enter the inf | | _ | _ | _ | | | | | | | | | _ |
| 7. | | f purchases th the SEC | rs in connect and/or with | ction with s a state or s | sales of sec tates, list th | urities in the name of | he offering the broker | . If a person | on to be lis | ted is an a | ssociated p | erson or age | ent of a broke | er or dealer |
| Full | Name (Last na | ıme first, if | individual) | ı | | | | | | | | | | |
| NO | NE | | | | | | | | | | | | | |
| Bus | iness or Reside | nce Addres | s (Number | and Street, | City, State | Zip Code) | , | | | | | | | |
| | | | | | | | | | | | | | | |
| Nan | ne of Associate | d Broker o | r Dealer | | | | | | | | | | · ••• | ··· |
| | | | | | | | | | | | | | | |
| Stat | es in Which Pe | rson Listed | Has Solicit | ted or Inten | ds to Solic | it Purchase | rs | | · · · | | | | | |
| | (Check "All S | States" or c | heck indivi | dual States |) | | | | | | | | 🗖 All St | tates |
| | [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| | (IL) (MT) | [IN] [NE] | [IA] [NV] | [KS] [NH] | [KY] | [LA] | [ME] | [MD] | [MA] | (MI) | [MN] | [MS] | [MO] | |
| | (RI) | [SC] | [SD] | [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | (OH) (WV) | [OK] [WI] | [OR] [WY] | [PA] {PR} | |
| Full | Name (Last na | ume first, if | individual) | | - | • | | | | | | • | • | |
| | | | | | | | | | | | | | | |
| Bus | iness or Reside | nce Addres | s (Numbe | r and Stree | t, City, Stat | e, Zip Cod | e) | | | | | | | |
| | | | | | | | | | | | | | | |
| Nan | ne of Associate | d Broker or | r Dealer | | | | | | | | | | · | |
| | | | | | | | | | | | | | | |
| Stat | es in Which Pe | rson Listed | Has Solicit | ted or Inten | ds to Solic | t Purchase | rs | | | | | | | |
| | (Check "All S | States" or c | heck indivi | dual States) |) | ••••• | ********** | | | | | | 🗖 All St | ates |
| | [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| | [IL] [MT] | [IN] [NE] | [IA] [NV] | [KS] [NH] | [KY] [NJ] | [LA] [NM] | [ME] [NY] | (MD) {NC | [MA] [ND] | [MI] [OH] | [MN] [OK] | [MS] [OR] | [MO] [PA] | |
| | [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | |
| Full | Name (Last na | me first, if | individual) | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Bus | iness or Reside | nce Addres | s (Numbe | r and Stree | t, City, Stat | e, Zip Cod | e) | | | | | | ·· | |
| Nan | ne of Associate | d Broker o | r Dealer | | | | | | | | | | | |
| State | es in Which Pe | rson Listed | Has Solicit | ted or Inten | ds to Solic | it Purchase | rs | | | | | | | |
| | (Check "All S | States" or c | heck individ | dual States) | · | | • • • • • • • • • • • • • • • • • • • • | | | | | | 🗖 All St | ates |
| | [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | (FL) | [GA] | (HI) | [ID] | |
| | (IL) (MT) | (IN) | (IA) INVI | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| | [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE | OF PROCEEDS | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------|
| ١. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of securities offered for exchange and already exchanged. | | |
| | Type of Security | Aggregate | Amount Already |
| | | Offering Price (1) | Sold (2) |
| | Debt | \$ | \$ |
| | Equity | \$ | \$ |
| | ☐ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Share Interests | \$ <u>750,000,000</u> | \$426,001,569 |
| | Other (specify) | \$ | \$ |
| | Total | \$750,000,000 | \$426,001,569 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number of investors (2) | Aggregate Dollar Amount of Purchases (2) |
| | Accredited Investors | 28 | \$ <u>76,025,864</u> |
| | Non-accredited Investors | 0 | s o |
| | *Professional Investors | 59* | \$ 349,975,705 |
| | Total (for filings under Rule 504 only) | | \$ N/A |
| TH | lese 59 investors are non-U.S. persons and are Professional Investors as defined by Cayman law. | | - |
| 3, | Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type lsted in Part C - Question 1. | | |
| | Type of offering | | Dollar Amount |
| | Rule 505 | Type of Security N/A | Sold \$ N/A |
| | Regulation A. | N/A | \$ N/A |
| | Rule 504 | N/A | \$ N/A |
| | Total | N/A | \$ <u>N/A</u> |
| 1. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | X | \$ <u>-0-</u> |
| | Printing and Engraving Costs | X | \$ 2,000 |
| | Legal Fees | X | \$ 20,000 |

Open-end fund. The maximum aggregate offering price is estimated solely for the purpose of this filing.
 The number of investors includes sales to U.S. and non-U.S. persons.

Accounting Fees

Engineering Fees.....

Sales Commissions (specify finders' fees separately).....

Other Expenses (identify) Blue Sky filing fees

 \boxtimes

 \boxtimes

 \boxtimes

X X \$ 8,000

\$<u>-0-</u> \$ <u>-0-</u>

\$ <u>-0-</u>

\$ 30,000 (3)

| | | | _ | | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------|---------------------|---------------------------------------------|
| (3) | Reflects initial costs only. | NUMBER OF INVESTORS EVERNOES AND HE | F O | PDOCEEDS | | |
| | C. OFFERING PRICE | , NUMBER OF INVESTORS, EXPENSES AND US | r OI | r rkuceeds | | |
| | total expenses furnished in response to Part C - C | offering price given in response to Part C - Question 1 and Question 4.a. This difference is the "adjusted gross proceeds | • | \$ <u>749,97</u> | 70,000 | |
| 5. | the purposes shown. If the amount for any purpo | proceeds to the issuer used or proposed to be used for each of se is not known, furnish an estimate and check the box to the isted must equal the adjusted gross proceeds to the issuer set | | | | |
| | | | | Payments to Officers, Directors, and Affiliates | | Payments to Others |
| | Salaries and fees | | X | \$(4) | | \$ |
| | Purchases of real estate | | | \$ | | \$ |
| | Purchase, rental or leasing and installation of ma- | chinery and equipment | | \$ | | \$ |
| | | cilities | | \$ | | \$ |
| | Acquisition of other businesses (including the va | | | | | |
| | | ies of another issuer pursuant to a merger) | | \$ | | \$ |
| | Repayment of indebtedness | | | \$ | | \$ |
| | Working capital | | | \$ | | \$ |
| | Other (specify): Portfolio Investments | | | \$ | X | \$ <u>749,970,000</u> |
| | Column Totals | | X | \$_(4) | \mathbf{x} | \$ <u>749,970,000</u> |
| | Total Payments Listed (column totals added) | | | × \$ 74 | 9,970, | 000_ |
| | | D. FEDERAL SIGNATURE | | <u> </u> | | |
| an ı | issuer has duly caused this notice to be signed by indertaking by the issuer to furnish to the U.S. Secu-accredited investor pursuant to paragraph (b)(2) or | the undersigned duly authorized person. If this notice is filed unities and Exchange Commission, upon written request of its sfRule 502. | nder taff, t | Rule 505, the flic the information fo | owing si imished | gnature constitutes by the issuer to any |
| Issu | er (Print or Type) | Signature | | Date | | |
| No | ORTH RUN OFFSHORE PARTNERS, LTD. | Du Ly l | | December_ | 20 | , 2007 |
| Nar | ne of Signer (Print or Type) | Title of Signer (Print or Type) | | | | |
| | | | | | | |
| Вү | : TODD B. HAMMER | TODD B. HAMMER, DIRECTOR OF ISSUER | | | | |

(4) North Run Capital, LP, as the Investment Manager, will be entitled to receive a quarterly management fee. An affiliate of the Investment Manager, North Run GP, LP, is entitled to receive an annual performance allocation. The management fee and the performance allocation are discussed in greater detail in the Issuer's confidential offering materials.

| • | | E. STATE SIGNATURE | | |
|--------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|
| | | | Yes | No |
| I. | Is any party described in 17 CFR 230.262 p | resently subject to any of the disqualification provisions of such rule? | | |
| | | See Appendix, Column 5, for state response. NOT APPLICABLE | | |
| 2. | The undersigned issuer hereby undertakes to such times as required by state law. | o furnish to any state administrator of any state in which this notice is filed, a notice on Fo | orm D (17 CFR | 239.500) at |
| 3. | The undersigned issuer hereby undertakes to | o furnish to the state administrators, upon written request, information furnishedby the issu | uer to offerees. | |
| 4. | (ULOE) of the state in which this notice is | issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform is filed and understands that the issuer claiming the availability of this exemption has the OT APPLICABLE | | |
| | e issuer has read this notification and knows the son. | ne contents to be true and has duly causedthis notice to be signed on its behalf by the unde | rsigned duly a | uthorized |
| İssı | uer (Print or Type) | Signature Date | | |
| NORTH RUN OFFSHORE PARTNERS, LTD. | | Dr. La December | 36 , 2007 | |
| Na | ne (Print or Type) | Title (Print or Type) | | |
| Rv | · TODD R HAMMER | TODD B. HAMMER DIRECTOR OF ISSUER | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | | ··· | APP | ENDIX | | | *** | | |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------|--------------------------------------|---------------------------------------------------------------------|------------------------------------------|--------|-----|-------|--|
| 1 | Type of security and aggregate to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1) | | | | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | | |
| State | Yes | No | \$750,000,000 in Share Interests | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| AL | · | | | | | | : | | | |
| AK | | | | | | ļ | | | ļ | |
| AZ | | x | See Above | 1 | \$6,000,000 | N/A | N/A | N/A | N/A | |
| AR | | | | | | | | | | |
| CA | | x | See Above | 4 | \$8,250,000 | N/A | N/A | N/A | N/A | |
| со | | | | | | | | | | |
| СТ | | | | | | | | | | |
| DE | | | | | | - | | | | |
| DC | | x | See Above | 1 | \$5,000,000 | N/A | N/A | N/A | N/A | |
| FL | | | | | | | | | | |
| GA | | | , | | | | | | | |
| HI | | | | | | | | | | |
| ID | | | | | | | | | | |
| IL | | x | See Above | 2 | \$9,500,000 | N/A | N/A | N/A | N/A | |
| IN | | | | | | | | | | |
| IA | | | | | | | | | | |
| KS | | ! | | | | | | | | |
| KY | | | | | | | | | | |
| LA | | ļ | | | | | | | | |
| МЕ | | | | | | | | | | |
| MD | | | | | | | | | | |
| MA | | х | See Above | 9 | \$9,275,864 | N/A | N/A | N/A | N/A | |
| MI | | x | See Above | 1 | \$2,000,000 | N/A | N/A | N/A | N/A | |
| MN | | | | | | | | | | |
| MS | | | | | | | | | | |
| мо | | | | | | | | | | |
| MT | | | | | | | | | | |
| NE | | | | | | | | | | |

| | | | | APF | ENDIX | | | | |
|-------|--------------------------------|------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------|-----|-----|-----------|----------|
| | | , | 3 | 1 | | 4 | 1 | | 5 |
| 1 | Intend to non-a investor | to sell ecredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | |
| State | Yes | No | \$750,000,000 in Share Interests | Number of Accredited Investors | credited Non-Accredited | | | | |
| NV | | | | | | | | Yes | No |
| | | | | - | ,, <u>,</u> | | | | |
| NH | | | | | | | | | |
| NJ | | | | | | | | | |
| NM | | | | | | 211 | • | 2714 | 2144 |
| NY | - | X | See Above | 8 | \$33,800,000 | N/A | N/A | N/A | N/A |
| NC NC | | | | | | | - | | |
| ND | | | | <u> </u> | | | | | <u> </u> |
| ОН | | | | | | - | | | |
| OK | | | | | | - | | <u></u> . | |
| OR | | <u> </u> | See Above | 1 | \$2,000,000 | N/A | N/A | N/A | N/A |
| PA | | | | | | | | | |
| RI | | | | | | | | | |
| SC | , | | | | | | | | |
| SD | | | | ļ | | | | | |
| TN | | | | | | | | | |
| TX | | x | See Above | 1 | \$200,000 | N/A | N/A | N/A | N/A |
| ŲT | | | | | | | | | |
| VT | | | | | | | | | |
| VA | | | | | | | | | |
| WA | | | | | | | | | |
| wv | | | | | | | | | |
| WI | | | | | | | | _ | |
| WY | | | | | | | | | |
| PR | - | | | | | | | | |

